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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Guinea
Support for a comprehensive population programme

Proposed UNFPA assistance:	$5.9 million, of which $4 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Guinea United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning

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GUINEA

Demographic facts

Population Total (000)	
Total	5,755
Males	2,887
Females	2,869
Sex ratio (/100 females)	100.6
Urban	1,476
Rural	4,280
Per cent urban	25.6
Population in year 2000 (000)	7,830
Functional age groups (%)	
Young child: 0-4	19.4
Child: 5-14	27.3
Youth: 15-24	18.8
Elderly: 60+	4.3
65+	2.6
Women: 15-49	22.0
Median age (years)	16.6
Dependency ratios: total	97.3
(/100) Aged 0-14	92.2
Aged 65+	5.2
Agricultural population density (/hectare of arable land)	8.10
Population density (/sq. km.)	23
Average annual change (000)	
Population increase	189
Births	316
Deaths	127
Net migration	0
Annual population total (% growth)	3.04
Urban	5.74
Rural	2.02
Crude birth rate (/1000)	50.7
Crude death rate (/1000)	20.3
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	7.00
Gross reproduction rate (/woman)	3.45
Net reproduction rate (/woman)	2.28
Infant mortality rate (/1000)	134
Life expectancy at birth (years)	
Males	44.0
Females	45.0
Both sexes	44.5
GNP per capita (U.S. dollars, 1989)	430

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $5.9 million, of which $4 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Guinea in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the third UNFPA-assisted population programme for Guinea.

2. The proposed programme is based on the conclusions and recommendations arrived at jointly by the Government and the Programme Review and Strategy Development (PRSD) mission that visited Guinea in May 1991.

3. The long-term objective of the proposed programme is to strengthen the institutional capacity of the Government to balance the growth of the population with the objectives of its national policy for economic and social development. The immediate objectives are: (a) to formulate and put in effect a national population policy adapted to the socio-cultural situation of the country; (b) to improve the quality and accessibility of family planning services and to raise the contraceptive prevalence rate for modern methods to 15 per cent of women of child-bearing age; and (c) to contribute to developing a policy for promoting the welfare of women, including Safe Motherhood.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The birth rate in Guinea, estimated by the United Nations at 50.7 per 1,000, is among the highest in Africa. The total fertility rate is 7 children per woman. The overall mortality rate of 21 per 1,000, life expectancy at birth of 44.5 years and infant mortality of 134 per 1,000 reflect a high prevalence of endemic, infectious and parasitic diseases and of malnutrition. A test survey of maternal mortality conducted in the capital of Conakry gives a rate of 900 maternal deaths per 100,000 live births. A 1987 survey of fertility in Guinea shows a contraceptive prevalence rate of 15.1 per cent for all methods and a prevalence rate of 7 per cent for modern methods.

6. Based on projections from the 1983 census, the Guinean population is 5.7 million inhabitants, 47 per cent of whom are under the age of 15, and it is increasing at an average rate of 2.8 per cent annually, which would result in a doubling of population every 25 years. (United Nations estimates can be found in the data sheet on p. 2.) The urban population, estimated at 26 per cent of the total, is increasing at the rate of 5 per cent a year, or doubling in less than 15 years. Even assuming a drop in the total fertility rate to 5 children per woman and an increase in life expectancy to 57 years by the year 2008, the population will increase from 5.7 million in 1991 to an estimated 8.7 million in 2008. By way of example, assuming the continuation of such

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a drop in the population growth rate, the shortfall in rice, the staple of the Guinean population, will rise from 169,934 tons in 1991 to 393,212 tons in 2008; the demand for teachers to train primary school pupils, assuming an attendance rate of 53 per cent (the target of the Sectoral Adjustment Programme for Education), will increase by 75 per cent between 1991 and 2008; and the need for health centres, assuming a coverage rate of one centre per 15,000 inhabitants, will increase by 51 per cent over the same period.

7. Social and economic situation. Socio-economic indicators place Guinea among the world's least developed countries despite its abundant resources. Up until 1986 the production growth rate remained below the population growth rate. The structural adjustment programme adopted in 1986 led to economic growth of 4 per cent per year over the period 1987-1990, albeit at substantial social cost. The proportion of the national budget allocated to the health sector fell from 5.2 per cent in 1977 to 2.5 per cent in 1988. Health personnel are unevenly distributed, with a concentration in the urban centres, and the health infrastructure is inadequate. Only 188 of the existing 345 subprefectural health centres are operating satisfactorily within the national primary health care programme. The proportion of the national budget allocated to education is 13.4 per cent, which is below the average for French-speaking sub-Saharan Africa of 21.7 per cent. Primary school attendance fell from 30.8 per cent of primary school-age children in 1984-1985 to 28.7 per cent in 1988-1989, with considerable regional differences.

8. Islam is practiced by 87 per cent of the population. Guinean society encourages early marriages in rural areas; 60 per cent of girls are married before the age of 20. According to a knowledge-attitudes-practices (KAP) survey conducted in Conakry in 1987, 60 per cent of parents want to have a family of between 6 and 10 children, and polygamy is widespread (32 per cent of couples in urban areas and 43 per cent in rural areas). Guinean women are generally confined to their traditional role of reproducers of the family. Their situation is characterized by high illiteracy rates (85 per cent) and low enrolment in formal education programmes (29 per cent). Government actions to advance the status of women have been limited, and there is no institutional or legal framework to integrate women into development activities. Oral social communication predominates in rural areas, with information being relayed mainly by religious authorities, heads of villages, marabous, imams, healers and government development agents.

9. Population policy. A national population policy is in the formulation stage. A National Population Commission (CNP) was established in 1990, but is currently functioning at a low level. Although the Government gave official indications of its interest in population education as far back as February 1984, population education activities seem to be evolving independently of educational reforms and literacy programmes. Among the constraints limiting the practice of family planning are the absence of a national maternal and child health and family planning (MCH/FP) programme, the existence of the French colonial law of 1920 that restricts contraceptive use, the lack of integration of family planning within the ongoing primary health care programme and the lack of awareness promotion among target populations.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

10. UNFPA assistance to Guinea started in 1972. Cumulative expenditure from 1972 to 1979 amounted to $165,000. The first five-year assistance programme for Guinea, approved in 1981, provided support to conduct the general population and housing census in 1983, to establish the Population Unit, and to implement MCH and population education activities. Expenditures totalled approximately $3.8 million. These activities were carried over to the second programme (1987-1990), amounting to $3.4 million, of which $2.4 million came from UNFPA regular resources. The programme, launched in mid-1989, has had an implementation rate of 58 per cent of regular funds, with expenditures of approximately $1.4 million through

1990. With a view to synchronizing the programmes of the United Nations Development Programme (UNDP) and UNFPA, the second programme will be extended through 1991, with an estimated expenditure of $600,000.

11. The implementation of the second population programme suffered because of problems caused by cumbersome administrative procedures of executing agencies and the limited knowledge of such procedures among national counterparts. The programme was further limited by the absence of sectoral objectives and immediate targets in the various activities comprising the programme, which, in turn, hampered effective evaluation. Nonetheless, overall, UNFPA assistance contributed to: (a) the conduct of the first general population census; (b) the promotion of awareness among the relevant authorities regarding population problems; (c) increased awareness about the need to integrate demographic variables into development plans; and (d) the conduct of preparatory work on the formulation of a population policy.

Maternal and child health and family planning

12. In the first phase of MCH/FP activities, an MCH/FP reference centre was established at Conakry, MCH/FP activities were introduced in seven health centres in the capital, and 35 health centres were provided with MCH supplies, medications and contraceptives. The activities conducted during the second phase of the project, from 1990 onwards, focused on family planning services, which were offered, though not very effectively, in 28 health centres out of the intended 80. Family planning is not yet integrated into the overall health care system, and the family planning utilization rate in the health centres is still not accurately known. Among the main constraints responsible for the programme's generally poor performance are: (a) the lack of a national MCH/FP programme, with the resulting absence of standards for family planning activities, which neither the heads of the health centres nor the health agents see as matter of concern; (b) poor management at the central level, with the result that contraceptives are not distributed efficiently to the centres covered by the project; (c) poor match between the training and the subsequent use made of the staff trained, who in many cases are assigned to facilities in which family planning services are not offered; and (d) the lack of an adequate education and awareness promotion programme for the population as a whole.

Information, education and communication

13. UNFPA assistance in the area of population information, education and communication (IEC) has related solely to population education in the school sector. Since 1987, the population education programme has been under way in 17 pilot elementary schools distributed throughout the national territory. The second phase of the activity, launched in 1990, provides for experimental programmes in 43 elementary schools, 5 secondary schools and 2 teacher training colleges. Factors that will facilitate the integration of population education into the formal school system include the existence of an appropriate institutional framework as well as a core team of national trainers in population education, basic population education curricula and an audio-visual studio. The constraints are the lack of trained teachers; the lack of teaching materials; and the geographical inaccessibility of the pilot schools, which causes problems in logistics and supervision.

Data collection and analysis

14. A national seminar to present the results of the 1983 census took place at the end of November 1989. The usefulness of the census was limited by the fact that only 100 copies of the results were distributed and by the fact that, for want of resources, the five volumes of regional analyses have not yet been published. A demographic and health survey initiated in 1991 will make it possible, inter alia, to verify the data compiled

in 1983 and will also serve as a basis for launching the next general population census, which is scheduled for 1993. UNFPA also supported the first census of Liberian refugees in Guinea.

Population dynamics

15. UNFPA assistance to help establish a Population Unit was launched in 1984. The first phase helped lay the institutional framework; the second phase, launched in 1989, aimed at helping the Unit integrate demographic variables into development plans. This involved: (a) drafting the chapters of the plan relating to population problems; (b) institutionalizing the National Population Commission; (c) conducting relevant studies and research; and (d) drawing up a draft population policy. The National Population Commission has been restructured, and the Interministerial Group of National Population Experts was established in August 1991. On the basis of a series of demographic studies, the basic document for the population policy statement has been drafted and was submitted to the National Population Commission in October 1991. The main constraints to be overcome during the next phase of the assistance are, among others, the current trend towards short-term socio-economic planning, which does not facilitate incorporation of a long-term demographic perspective, and the lack of staff trained in population and development.

Other external assistance

16. Since 1987, the United Nations Children's Fund (UNICEF) has supported the expanded primary health care programme, an "education for all" programme, and a village water resources programme. For the period 1991-1995, UNICEF foresees a total budget of $22.8 million to support these programmes as well as efforts to improve housing and to address environmental concerns in two neighbourhoods of Conakry. The World Bank is financing a health services development project with a five-year budget of $1.5 million to strengthen the institutional capacity of the Ministry of Health, renovate health infrastructures and train health personnel in one region of Guinea. The World Bank is also supporting one regional MCH/FP unit and the health education service of the Guinean Association for Family Welfare (AGBEF). The United States Agency for International Development (USAID) is promoting the social marketing of contraceptives through Population Services International. Preparation of an environmental action plan was launched in 1989 with the participation of several external donors, and an environmental protection project with a strong social mobilization component is under way with financing from the European Community and Italy.

IV. PROPOSED PROGRAMME 1992-1996

17. The overall objectives of the proposed programme are detailed in paragraph 3 above. The proposed strategies would assist the Government in: (a) training the staff responsible for formulating and implementing the population programme in the basic principles of demography and in the interrelationship between population and development; (b) strengthening the Population Unit so as to enable the Ministry of Planning to provide the necessary support for sectoral ministries and the regional planning directorates; (c) reactivating family planning in the facilities that already offer MCH/FP services and extending family planning to the other health centres not yet covered, while ensuring that family planning activities are integrated into the ongoing national primary health care programme; (d) conducting, analysing and disseminating the results of the general population and housing census, and of surveys on such topics as migration, demography and health, all of which will be fed into a computerized database on population; (e) promoting awareness at all levels of society, particularly among young people, about the interrelationship between population and development and about responsible parenthood, particularly as concerns sexual behaviour; (f) contributing to awareness promotion and education of the population regarding the status of women, including, inter alia, the relationship between

their reproductive and productive roles and demographic trends; (g) contributing to the development of the institutional capacity to enhance the status of women; and (h) promoting the coordination of population-related external assistance and strengthening the integration of population activities into the country's socio-economic development programmes, including into the national environmental plan of action.

Maternal and child health and family planning

18. The primary objective of the proposed programme in the MCH/FP sector is to improve the quality and accessibility of family planning services by making such services available at the 345 health centres eventually to be covered by the national primary health care programme supported by WHO and UNICEF and at 17 health centres in Conakry. The aim is to raise the prevalence rate of modern contraceptive methods to 15 per cent of women of child-bearing age. The cost of contraceptives for the period 1992-1996 is calculated at $4 million, of which UNFPA would contribute $600,000. Contributions from other donors such as the World Bank and USAID would be sought to finance this component.

19. To ensure that the family planning component is successfully integrated into the framework of the ongoing primary health care programme, UNFPA would provide assistance: (a) to formulate a national MCH/FP programme; (b) to analyse the status of family planning services in health centres already supported by UNFPA, in terms of equipment, infrastructure and human resources; and (c) to evaluate the needs of the rest of the centres to be covered under the UNFPA programme. The Fund would also support efforts to include statistics on family planning in the management information system used within the primary health care programme, thus making it possible to monitor the clientele and establish reliable statistics on contraceptive prevalence rates. UNFPA would also support government efforts to establish standards for family planning services delivery, integrate family planning into supervisory and monitoring mechanisms existing under the primary health care programme, and to train the staff in charge of the provincial health directorates and the health centres so that they can supervise family planning activities. The integration of family planning into the existing WHO/UNICEF-supported national primary health care system, which includes maternal and child health care, will greatly reduce the costs of implementing activities in the MCH/FP sector.

20. In order to improve the management of contraceptive supply, contraceptives would be included in the system for supplying essential drugs. Such efforts would be supplemented by operational research aimed at improving both the quality and delivery of services. A major IEC component comprising training of health personnel in interpersonal communication and clinical family planning techniques would be developed to improve the reception of clients at the health centres. In general, the emphasis would be placed on training at the decentralized level.

21. With a view to enhancing the delivery of family planning services, UNFPA would provide contraceptives and equipment to and train staff of the NGOs operating in the MCH/FP sector, such as the Guinean National Family Planning Association, the Centre for Education in Appropriate Health Technology (CESTAS), and the Samaritans. Support would be provided for NGOs engaging in MCH/FP activities. A total of $1.5 million would be provided for MCH/FP activities under the proposed programme, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

22. The main objective of the IEC component of the programme would be to provide the general population and decision makers at all levels with demographic and health information that would enable them to improve family welfare and responsible parenthood. A prerequisite for the attainment of this objective is the adoption of a national policy and programme for IEC that can serve as an institutional coordinating framework. It is also necessary to establish a solid knowledge base on the aspirations, beliefs and customs of the various target groups so that appropriate population messages and teaching materials can be developed. UNFPA assistance will concentrate on these two areas as well as on activities to improve interpersonal and mass communications. AIDS education activities will be included in the programme. UNFPA will seek to collaborate closely with UNICEF, especially in the context of its social mobilization activities, as well as with other organizations active in the IEC area. A total of $900,000 would be allocated to IEC activities.

23. IEC outside of schools. UNFPA would provide assistance to establish a training programme in interpersonal communication techniques for all health personnel involved in the MCH/FP programme. As modern mass media, especially radio, are effective tools of communication in urban areas, radio programmes on the most salient population issues would be produced. In rural areas, activities would be based upon the strong tradition of oral communication to convey information on MCH/FP and population concerns through performing artists and the various opinion leaders, such as religious and village leaders and the Islamic League. Support would also be given to the rural radio to develop programmes on demographic and health issues. UNFPA would seek, to the extent possible, to make use of NGOs already successfully involved in social mobilization. With a view to enlarging the target group reached by population messages, support would be given to extend population education to some of the five functional literacy centres in Conakry and to areas outside of the capital under the auspices of the National Literacy Service. This service is well established in the country, already includes health topics in its programmes, and is receiving support from UNICEF. An amount of $300,000 is proposed for this component.

24. In-school population education. UNFPA would continue its assistance to population education activities in the formal sector, further developing the pilot programme implemented since 1990 in 43 elementary schools, 5 secondary schools and 2 teacher training colleges. Training of both teachers in experimental programmes and coordinators in course content and in participatory teaching methods would be repeated and improved. Culturally appropriate teaching materials that enhance the image of girls and women and contribute to improving their status would be produced in quantities sufficient to supply the target schools. More effective supervision and follow-up would be ensured by concentrating the activities in geographically accessible areas and by training subprefectural coordinators in project management and follow-up. One of the aims of these activities would be to institutionalize population education in Guinea's education programme. A total of $600,000 would be allocated to this component.

Data collection and analysis

25. The objective in the area of data collection and analysis would be to establish a readily accessible demographic database to support the formulation and implementation of a national population policy. A total of $1.75 million would be allocated to this sector, of which $800,000 would be sought from other sources, including multi-bilateral sources.

26. UNFPA assistance would be used: (a) to help establish a computerized database as part of the national data collection strategy currently being drawn up; (b) to continue to assist the DHS survey currently

being implemented; (c) to support a migration survey presently under preparation; and (d) to support the conduct in 1993 of a general population census. In this sector, UNFPA plans to collaborate closely with the African Development Bank, the European Community, the World Bank and USAID.

Population policy formulation and dynamics

27. The primary objective in the area of population dynamics would be to promote the formulation and implementation of population policies and of multisectoral population programmes at the national and regional levels. A total amount of $1.4 million would be allocated to this sector, of which $600,000 would be sought from other sources, including multi-bilateral sources. UNFPA would work closely with UNDP, which has already indicated its interest in these activities.

28. As recommended by the PRSD mission, a critical need in this area is to upgrade the Population Unit into a Division. This would enable it not only to discharge effectively its role of integrating population factors into socio-economic development programmes, but also to serve as the secretariat of the National Population Commission and leader of the Interministerial Group of National Population Experts established in August 1991. This would also facilitate the implementation of the national population programme, which is to be decentralized by establishing regional branches of the National Population Commission. UNFPA-supported activities in this area would focus on strengthening national skills, inter alia, through: (a) providing support for instruction in demography in one of Guinea's two universities and conducting operational research; (b) improving the knowledge of sectoral ministry staff at the national and decentralized levels about demographic phenomena and their interactions with other socio-economic development factors; (c) improving the coordination of the whole range of population activities throughout the country; and (d) providing support for the implementation of development plans and programmes that incorporate the population dimension. In the field of population and the environment, UNFPA would ensure, inter alia, through the Population Unit that the population dimension is taken into account in implementing the environmental plan of action and in research that is to be conducted into environmental issues.

Women, population and development

29. The objectives of the UNFPA programme in the area of women, population and development would be, in concert with other donor agencies, to help formulate a policy for the advancement of women, including Safe Motherhood, and to help make women aware of the importance of their reproductive health to family welfare. A total of $200,000 would be allocated to the sector.

30. To ensure that women's needs are taken into account in the formulation of the population policy and become an integral component of the sectoral activities of the population programme, UNFPA would provide assistance: (a) to carry out research on the relationships between the socio-economic status of women and various population factors (mortality, fertility, migration); (b) to organize awareness-promotion activities for government staff and political and religious leaders; (c) to provide training in population, Safe Motherhood and related matters to government staff responsible for the advancement of women; and (d) to support the drafting and wide dissemination of the Family Code. In view of the widespread practice of excision in Guinea (90 per cent of the female population), UNFPA would support activities to create awareness among midwives as well as among men and women in general of the harmful consequences for women's health of this and certain other traditional practices. Given the close link that exists between the economic condition of women and their role in reproduction, UNFPA intends to provide support, in close coordination with MCH/FP activities, for micro-projects for women, particularly through the NGOs conducting field operations in this area

and in collaboration with the other agencies involved in activities to advance the status of women, such as UNICEF.

Programme reserve

31. An amount of $150,000 would be held in reserve for new proposals that would be developed within the framework of the proposed programme.

Programme coordination

32. The Ministry of Planning is responsible for coordinating external assistance in Guinea. However, since the existing mechanisms at the national level for coordinating population activities are weak, UNFPA would work closely with the Government to maximize coordination and collaboration among United Nations agencies active in the population field, particularly UNFPA, UNICEF and the World Bank. In terms of development activities in general, UNDP would continue to assist the Government in coordinating the activities of the various donors active in Guinea.

Programme monitoring, evaluation and management

33. Through activities of the Population Unit, and in the absence of a national structure, UNFPA would work closely with the Government in ensuring the effective follow-up and evaluation of population-related activities while seeking to improve the capabilities of national staff through training in programme design, management, supervision and evaluation. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37. Programme monitoring and evaluation would be conducted in accordance with standard UNFPA guidelines. This would require, among other things, a mid-term review of the programme in 1993 and a final review in 1995.

Financial summary

34. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $5.9 million over the five-year period 1992-1996, of which $4 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources	Other resources	Total
Maternal and child health and family planning	1,000,000	500,000	1,500,000
Information, education and communication	900,000	--	900,000
Data collection and analysis	950,000	800,000	1,750,000
Population policy formulation and dynamics	800,000	600,000	1,400,000
Women, population and development	200,000	--	200,000
Programme reserve	150,000	--	150,000
TOTAL	4,000,000	1,900,000	5,900,000

V. RECOMMENDATION

35. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Guinea in the amount of $5.9 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $4 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $1.9 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Guinea and with the executing agencies.